

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF OHIO

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

**Donyale**

First name

Middle name

**Stanley**

Last name and Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

##### 2. All other names you have used in the last 8 years

**Donyale M Stanley**

Include your married or maiden names.

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-9841**

**About Debtor 1:****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years** I have not used any business name or EINs.Include trade names and  
doing business as names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):** I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live****12219 Woodward Boulevard  
Garfield Heights, OH 44125**

Number, Street, City, State &amp; ZIP Code

**Cuyahoga**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State &amp; ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**6. Why you are choosing this district to file for bankruptcy****Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

**8. How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- No.
- Yes.

District	<b>Northern District of Ohio</b>	When	<b>10/02/16</b>	Case number	<b>16-15429</b>
District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- No
- Yes.

Debtor	_____	Relationship to you	_____		
District	_____	When	_____	Case number, if known	_____
Debtor	_____	Relationship to you	_____		
District	_____	When	_____	Case number, if known	_____

**11. Do you rent your residence?**

- No. Go to line 12.
- Yes.
  - Has your landlord obtained an eviction judgment against you?
    - No. Go to line 12.
    - Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State &amp; ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State &amp; Zip Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	16a. <b>Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</b>		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b. <b>Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</b>			
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts <hr/>		
<b>17. Are you filing under Chapter 7?</b>	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>18. How many Creditors do you estimate that you owe?</b>	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<b>19. How much do you estimate your assets to be worth?</b>	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<b>20. How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

<b>For you</b>	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
<b>/s/ Donyale Stanley</b> <b>Donyale Stanley</b> Signature of Debtor 1	Signature of Debtor 2
Executed on <u>October 20, 2019</u> MM / DD / YYYY	Executed on _____ MM / DD / YYYY

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not represented by an attorney, you do not need to file this page.**

/s/ Kathleen Donnelly

Signature of Attorney for Debtor

Date

October 20, 2019

MM / DD / YYYY

**Kathleen Donnelly 0042636**

Printed name

**Kathleen Donnelly, 0042636**

Firm name

**Kathleen Donnelly  
526 Superior Ave. E Leader Bldg. Suite 2  
Cleveland, OH 44114**

Number, Street, City, State & ZIP Code

Contact phone (216)241-9628

Email address

kdonnellyctnotices@hotmail.com

**0042636 OH**

Bar number & State

Fill in this information to identify your case:

Debtor 1	<b>Donyale Stanley</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>0.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>0.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>12,837.50</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>12,837.50</b>

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>11,634.00</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>11,634.00</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>372.63</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>372.63</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>107,086.00</b>
		<b>Your total liabilities</b> \$ <b>119,092.63</b>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>3,458.79</b>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>3,458.79</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>3,458.11</b>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>3,458.11</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

##### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

##### 7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Donyle Stanley**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>4,535.37</u>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>372.63</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>62,581.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <u>62,953.63</u>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Donyale Stanley</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF OHIO</u>			
Case number			

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.  
 Yes. Where is the property?

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No  
 Yes

3.1	Make:	<b>Hyundai</b>
	Model:	<b>Sonata SE</b>
	Year:	<b>2016</b>
	Approximate mileage:	<b>65,000</b>
	Other information: <b>fair condition: FMV: Kelley Blue Book Valuation</b>	

##### Who has an interest in the property? Check one

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

**\$7,413.00**

**\$7,413.00**

##### 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$7,413.00**

#### Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

Debtor 1 Donyle Stanley

Case number (if known) \_\_\_\_\_

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

**Household good and furnishings with Debtor**

**\$3,000.00**

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

**9 year old 32" Visio Flat screen TV, 2018 I Phone 7+**

**\$200.00**

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

**Clothing with Debtor**

**\$500.00**

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

**Costume Jewelry with Debtor**

**\$600.00**

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$4,300.00**

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No  
 Yes.....

<b>Cash with Debtor</b>	<b>\$20.00</b>
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**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No  
 Yes.....

Institution name:

17.1.	<b>Checking account with Chase Bank (paycheck directly deposited)</b>	<b>\$50.00</b>
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17.2.	<b>Checking account with Huntington Bank (paycheck directly deposited)</b>	<b>\$50.00</b>
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**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- No  
 Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- No  
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- No  
 Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No  
 Yes. List each account separately.

Type of account:

Institution name:

<b>403B Plan with current employer</b>	<b>Unknown</b>
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**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- No  
 Yes. ....

Institution name or individual:

<b>Security Deposit with Takenya Hampton</b>	<b>\$1,000.00</b>
--	-------------------

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- No  
 Yes..... Issuer name and description.

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**  
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No  
 Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- No  
 Yes. Give specific information about them...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- No  
 Yes. Give specific information about them...

27. **Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No  
 Yes. Give specific information about them...

**STNA with State of Ohio****\$0.00****Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.28. **Tax refunds owed to you**

- No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**Prorated 2019 federal & state tax refunds  
(EIC & child tax credit - may be offset for prior year tax liabilities)****Unknown**29. **Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No  
 Yes. Give specific information.....

**Child Support from Julian Whitaker  
monthly receiving:****\$4.50****Child Support arreages from Julian  
Whitilcer****Unknown**30. **Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No  
 Yes. Give specific information..

31. **Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:**Health Insurance with Anthem: Debtor & minor children Beneficiaries****\$0.00****Dental Insurance with Signa; Debtor & minor children Beneficiaries****\$0.00****32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

**\$1,124.50****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

**\$0.00**

**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....	\$0.00
56. Part 2: Total vehicles, line 5 .....	\$7,413.00
57. Part 3: Total personal and household items, line 15 .....	\$4,300.00
58. Part 4: Total financial assets, line 36 .....	\$1,124.50
59. Part 5: Total business-related property, line 45 .....	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52 .....	\$0.00
61. Part 7: Total other property not listed, line 54 .....	\$0.00
+ ..... 62. Total personal property. Add lines 56 through 61... .....	\$12,837.50
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62 .....	\$12,837.50

Fill in this information to identify your case:

Debtor 1	<b>Donyale Stanley</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
2016 Hyundai Sonata SE 65,000 miles fair condition: FMV: Kelley Blue Book Valuation Line from <i>Schedule A/B</i> : 3.1	\$7,413.00	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2)
Household good and furnishings with Debtor Line from <i>Schedule A/B</i> : 6.1	\$3,000.00	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
9 year old 32" Visio Flat screen TV, 2018 I Phone 7+ Line from <i>Schedule A/B</i> : 7.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Clothing with Debtor Line from <i>Schedule A/B</i> : 11.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Costume Jewelry with Debtor Line from <i>Schedule A/B</i> : 12.1	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
<b>Cash with Debtor</b> Line from Schedule A/B: 16.1	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>
<b>Checking account with Chase Bank (paycheck directly deposited)</b> Line from Schedule A/B: 17.1	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>75%</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(13)</b>
<b>Checking account with Chase Bank (paycheck directly deposited)</b> Line from Schedule A/B: 17.1	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$12.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>
<b>Checking account with Huntington Bank (paycheck directly deposited)</b> Line from Schedule A/B: 17.2	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>75%</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(13)</b>
<b>Checking account with Huntington Bank (paycheck directly deposited)</b> Line from Schedule A/B: 17.2	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$12.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>
<b>403B Plan with current employer</b> Line from Schedule A/B: 21.1	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>100%</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. §§ 2329.66(A)(10)(a), 521.09, 145.56, 145.75, 145.13, 742.47, 3307.71</b>
<b>STNA with State of Ohio</b> Line from Schedule A/B: 27.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>100%</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(5)</b>
<b>Prorated 2019 federal &amp; state tax refunds (EIC &amp; child tax credit - may be offset for prior year tax liabilities)</b> Line from Schedule A/B: 28.1	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>Unknown</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. §2329.66(A)(9)(g)</b>
<b>Prorated 2019 federal &amp; state tax refunds (EIC &amp; child tax credit - may be offset for prior year tax liabilities)</b> Line from Schedule A/B: 28.1	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$1,250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(18)</b>
<b>Prorated 2019 federal &amp; state tax refunds (EIC &amp; child tax credit - may be offset for prior year tax liabilities)</b> Line from Schedule A/B: 28.1	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$455.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>
<b>Child Support from Julian Whitaker monthly receiving:</b> Line from Schedule A/B: 29.1	<u>\$4.50</u>	<input checked="" type="checkbox"/> <u>\$4.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(11)</b>
<b>Child Support arreages from Julian Whitilcer</b> Line from Schedule A/B: 29.2	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>100%</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(11)</b>

Debtor 1 **Donyale Stanley**

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Check only one box for each exemption.	
<b>Health Insurance with Anthem: Debtor &amp; minor children Beneficiaries</b> Line from <i>Schedule A/B</i> : 31.1	<b>\$0.00</b>	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. §§ 2329.66(A)(6)(e), 3923.19</b>
<b>Dental Insurance with Signa; Debtor &amp; minor children Beneficiaries</b> Line from <i>Schedule A/B</i> : 31.2	<b>\$0.00</b>	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. §§ 2329.66(A)(6)(e), 3923.19</b>

## 3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	<b>Donyale Stanley</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Avid Acceptance LLC	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
	Creditor's Name 3165 East Millrock Drive Salt Lake City, UT 84121 Number, Street, City, State & Zip Code	2016 Hyundai Sonata SE 65,000 miles fair condition: FMV: Kelley Blue Book Valuation	\$11,634.00	\$7,413.00	\$4,221.00

#### Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt
- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) **auto loan**

Date debt was incurred **6/2018**

Last 4 digits of account number **3760**

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

**\$11,634.00**

**\$11,634.00**

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	<b>Donyale Stanley</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Internal Revenue Service</b> Priority Creditor's Name <b>CIO</b> <b>P.O.Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number <b>9841</b>	<b>\$372.63</b>	<b>\$372.63</b>
		When was the debt incurred? <b>2017-2018</b>		<b>\$0.00</b>
		As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify		<b>Income taxes, interest, and accrued fees to date</b>

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 Donyale Stanley

Case number (if known)

4.1	<b>Account Control Technology</b> Nonpriority Creditor's Name <b>6918 Owensmouth Ave Canoga Park, CA 91303</b> Number Street City State Zip Code	Last 4 digits of account number <u>6292</u>	\$801.00
	<b>Who incurred the debt?</b> Check one.	When was the debt incurred? <u>2016</u>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <u>Collection for Purchasing Power LLC</u>	
4.2	<b>AFNI</b> Nonpriority Creditor's Name <b>404 Brock Drive Bloomington, IL 61702-3427</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00
	<b>Who incurred the debt?</b> Check one.	When was the debt incurred?	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <u>Listed as precaution, on credit report, inquiry</u>	
4.3	<b>Ahuja Medical Center</b> Nonpriority Creditor's Name <b>P.O. Box 781988 Detroit, MI 48278</b> Number Street City State Zip Code	Last 4 digits of account number <u>0275</u>	\$88.00
	<b>Who incurred the debt?</b> Check one.	When was the debt incurred? <u>8/2018</u>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <u>Medical services - Approximately:</u>	

Debtor 1 Donyale Stanley

Case number (if known)

4.4 **Anchor Dental** Last 4 digits of account number 0448 \$51.00

Nonpriority Creditor's Name

**5595 Transportation Blvd  
Cleveland, OH 44125**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**
- Is the claim subject to offset?
- No  
 Yes

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Dental Care

4.5 **Anchor Dental** Last 4 digits of account number 0448 \$72.00

Nonpriority Creditor's Name

**555 Transportation Blvd  
Cleveland, OH 44125**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**
- Is the claim subject to offset?
- No  
 Yes

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Dental Care

4.6 **Andre Michel DDS** Last 4 digits of account number 0069 \$301.00

Nonpriority Creditor's Name

**3609 Park East Drive, #407  
Beachwood, OH 44122**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**
- Is the claim subject to offset?
- No  
 Yes

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Dental Care

Debtor 1 Donyle Stanley

Case number (if known)

<p><b>4.7</b></p> <p><b>CAB East LLC</b> Nonpriority Creditor's Name <b>dba Ford Motor Credit</b> <b>P.O. Baox 6508</b> <b>Mesa, AZ 85216</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1154</u> <span style="float: right;"><b>\$0.00</b></span></p> <p>When was the debt incurred? <u>before 2010</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Discharged in prior bankruptcy - Listed as unsatisfied</u></p>
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<p><b>4.8</b></p> <p><b>Caine &amp; Weiner</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>5805 Sepulveda Blvd</b> <b>Sherman Oaks, CA 91411</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0938</u> <span style="float: right;"><b>\$380.00</b></span></p> <p>When was the debt incurred? <u>Opened 2/11/19</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collection - Progressive Insurance</u></p>
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<p><b>4.9</b></p> <p><b>Calvary Portfolio Services</b> Nonpriority Creditor's Name <b>500 Summit Lake Ste 400</b> <b>Valhalla, NY 10595</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2157</u> <span style="float: right;"><b>\$0.00</b></span></p> <p>When was the debt incurred? <u>Opened 12/15</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>For notice only</u></p>
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Debtor 1 Donyale Stanley

Case number (if known)

4.1  
0**Cavalry Portfolio Services**

Nonpriority Creditor's Name

**P.O. Box 1017  
Hawthorne, NY 10532**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**2157****\$0.00**

When was the debt incurred?

**before 2016**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **For notice only**

4.1  
1**Checksmart**

Nonpriority Creditor's Name

**7001 Post Road, Suite 200  
Dublin, OH 43016**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**5324****\$649.00**

When was the debt incurred?

**8/2016**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Personal Loan - Pay check**

4.1  
2**CheXSystems Consumer Relations**

Nonpriority Creditor's Name

**7805 Hudson Road  
Suite 100  
Saint Paul, MN 55125**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **For Notice Only**

Debtor 1 Donyale Stanley

Case number (if known)

4.1  
3**Comenity Bank/dots**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 182125****Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No

- Yes

Last 4 digits of account number

0678\$417.00

When was the debt incurred?

Opened 07/13 Last Active8/11/13

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

**Collection - Credit card purchases, late fees and accrued interest to date** Other. Specify4.1  
4**Convergent Outsourcing, Inc**

Nonpriority Creditor's Name

**Po Box 9004****Renton, WA 98057**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No

- Yes

Last 4 digits of account number

3658\$0.00

When was the debt incurred?

Opened 05/16

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

**Collection - Sprint - Duplicate** Other. Specify4.1  
5**Convergent Outsourcing**

Nonpriority Creditor's Name

**800 SW 39th Street****Suite 100****Renton, WA 98057**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No

- Yes

Last 4 digits of account number

8501\$538.00

When was the debt incurred?

2019

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

**Collection - Phone service - T-Mobile** Other. Specify

Debtor 1 Donyale Stanley

Case number (if known)

4.1  
6**Credit Acceptance**

Nonpriority Creditor's Name

**25505 West 12 Mile Rd  
Suite 3000  
Southfield, MI 48034**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No

- Yes

Last 4 digits of account number

**0568****Unknown****Opened 02/14 Last Active  
7/16/16**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**2011 Ford Fusion totalled - Insurance paid off - Listed as precaution****■ Other. Specify**4.1  
7**Credit Collections Svc**

Nonpriority Creditor's Name

**Po Box 773  
Needham, MA 02494**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No

- Yes

Last 4 digits of account number

**7350****\$272.00****When was the debt incurred? 11/2014**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Collection - Victoria Financial Insurance C -  
Never had this insurance \$272 amount on  
credit report****■ Other. Specify**4.1  
8**Credit Management, LP**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 118288  
Carrolton, TX 75011**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No

- Yes

Last 4 digits of account number

**5095****\$132.00****When was the debt incurred? Opened 05/15**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Collection - Wow Internet Cable Service -**

Debtor 1 Donyale Stanley

Case number (if known) \_\_\_\_\_

4.1  
9**Direct TV**

Nonpriority Creditor's Name

**P.O. Box 6414  
Carol Stream, IL 60197-6414**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Listed as precaution, on credit report, inquiry**4.2  
0**Diverse Funding**

Nonpriority Creditor's Name

**3580 Harlem Rd, #6  
Buffalo, NY 14225**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Listed as precaution - on credit report**

4.2

**Diversified Adjustment Serv**

Nonpriority Creditor's Name

**Dasi-Bankruptcy  
60 Coon Rapids Blvd  
Coon Rapids, MN 55433**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number **4955****\$0.00****Opened 05/11 Last Active  
10/25/10**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Collection - Sprint - Duplicate**

4.2  
2**Dominion East Ohio**

Nonpriority Creditor's Name

**P.O. Box 26666****Attn: Bankruptcy Group**  
**Richmond, VA 23261-6785**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**2005****\$429.00**

When was the debt incurred?

**2016**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Utilities**4.2  
3**Dominion East Ohio**

Nonpriority Creditor's Name

**P.O. Box 26666****Attn: Bankruptcy Group**  
**Richmond, VA 23261-6785**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**0048****\$40.00**

When was the debt incurred?

**2019**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Utilities at residence**4.2  
4**Eagle Loan**

Nonpriority Creditor's Name

**6817 Pearl Road****Cleveland, OH 44130**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**8505****\$810.00**

When was the debt incurred?

**6/2015**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Personal Loan - Pay check**

Debtor 1 Donyale Stanley

Case number (if known)

4.2  
5**EOS-CCA**

Nonpriority Creditor's Name

**700 Longwater Dr.  
Norwell, MA 02061**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**8674****\$237.00**

When was the debt incurred?

**Opened 10/15**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection - Time Warner Cable**

4.2  
6**Exeter Finance Corp**

Nonpriority Creditor's Name

**Po Box 166008  
Irving, TX 75016**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**2157****\$6,512.00**

When was the debt incurred?

**Opened 01/12 Last Active  
4/02/14**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection - Automobile - Charged off**

4.2  
7**FFCC-Cleveland**

Nonpriority Creditor's Name

**24700 Chagrin Blvd Suite 205  
Cleveland, OH 44122**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**5328****\$94.00**

When was the debt incurred?

**2016**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection for Hospital Medical Practices**

Debtor 1 Donyale Stanley

Case number (if known)

4.2  
8**First Credit Inc.**

Nonpriority Creditor's Name

**P.O. 630838****Cincinnati, OH 45263**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**2243****\$653.00**

When was the debt incurred?

**2/2016**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection - Medical services**

4.2  
9**First Federal Credit & Collections**

Nonpriority Creditor's Name

**24700 Chagrin Blvd****Suite 205****Cleveland, OH 44122**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**4307****\$190.00**

When was the debt incurred?

**Opened 01/16**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collection - Hosp Medical Practice University**

4.3  
0**First Federal Credit & Collections**

Nonpriority Creditor's Name

**24700 Chagrin Blvd****Suite 205****Cleveland, OH 44122**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**2251****\$30.00**

When was the debt incurred?

**Opened 02/16**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collection - Hosp Medical Practicuniversity**

Debtor 1 Donyale Stanley

Case number (if known)

4.3  
1**Fst Premier**

Nonpriority Creditor's Name

**601 S Minnesota Ave  
Sioux Falls, SD 57104**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

3033\$435.00Opened 12/14 Last Active  
6/18/15

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Collection - Credit card purchases, late fees and accrued interest to date** Other. Specify \_\_\_\_\_4.3  
2**Garfield Heights Municipal Court**

Nonpriority Creditor's Name

**5555 Turney Road  
Attn: Clerk of Courts  
CVF1602157  
Cleveland, OH 44125**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

2157Unknown

When was the debt incurred?

2016

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**For notice only - Court costs** Other. Specify \_\_\_\_\_4.3  
3**Great Lakes Higher Education/Citi**

Nonpriority Creditor's Name

**P.O. Box 7860  
Madison, WI 53707**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

6079\$24,071.00

When was the debt incurred?

2/2009

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Student Loan** Other. Specify \_\_\_\_\_

4.3  
4**Greater Cleveland Fire**

Nonpriority Creditor's Name

**2300 Saint Clair  
Cleveland, OH 44114**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Listed as precaution, on credit report, inquiry** \_\_\_\_\_4.3  
5**IC System**

Nonpriority Creditor's Name

**P.O. Box 64378  
Attn; Bankruptcy  
Saint Paul, MN 55164**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number **3223****\$1,668.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Collection - Sprint** \_\_\_\_\_4.3  
6**IC System**

Nonpriority Creditor's Name

**P.O. Box 64378  
Attn; Bankruptcy  
Saint Paul, MN 55164**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number **9001****\$193.00**When was the debt incurred? **Opened 09/14**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Collection - At T Uverse** \_\_\_\_\_

Debtor 1 Donyale Stanley

Case number (if known)

4.3  
7**Kent State University**

Nonpriority Creditor's Name

**Pob 5190  
Kent, OH 44242**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**2850****\$164.00**

When was the debt incurred?

**2016**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Tuition/Books**4.3  
8**Life of the South Insurance**

Nonpriority Creditor's Name

**Admin Office  
100 West Bay Street  
Jacksonville, FL 32202**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**8505****\$0.00**

When was the debt incurred?

**6/4/2015**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **For notice only - Insurance for Eagle loan**4.3  
9**Mark Worford DDS**

Nonpriority Creditor's Name

**3609 Park East Drive, 510N  
Beachwood, OH 44122**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**7695****\$225.00**

When was the debt incurred?

**8/2019**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Dental Care**

4.4  
0**OneMain Financial**

Nonpriority Creditor's Name

**1253 Som Center Road  
Cleveland, OH 44124**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

 No Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Listed as precaution - On credit report -  
Collection inquiry**4.4  
1**Opportunity Financial**

Nonpriority Creditor's Name

**871 Coronado Center Drive  
Suite 200 Office 266  
Henderson, NV 89052**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

 No Yes

Last 4 digits of account number \_\_\_\_\_

**\$1,000.00**When was the debt incurred? **3/2018**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Personal loan - Check advance**4.4  
2**Progressive Leasing**

Nonpriority Creditor's Name

**10619 South Jordan Gateway, #100  
South Jordan, UT 84095**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

 No Yes

Last 4 digits of account number \_\_\_\_\_

**Unknown**When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Phone Service**

4.4  
3**Qar LLC**

Nonpriority Creditor's Name

**55 Pineview Dri, #300  
Buffalo, NY 14228**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Listed as precaution - On credit report -  
Collection inquiry**4.4  
4**RISE Credit**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 101808****Fort Worth, TX 76185**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number **4619****Unknown****Opened 8/26/16 Last Active  
9/22/16**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Personal loan - Check advance**4.4  
5**Sentral Financial**

Nonpriority Creditor's Name

**84 Villa Road  
Greenville, SC 29615**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**Unknown**When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Phone purchase**

Debtor 1 Donyale Stanley

Case number (if known)

4.4  
6**Speedy Cash**

Nonpriority Creditor's Name

**3611 North Ridge Road  
Wichita, KS 67205**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**9360****\$440.00**

When was the debt incurred?

**2019**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Personal loan - Check advance**

4.4  
7**Springleaf**

Nonpriority Creditor's Name

**P.O. Box 742536  
Cincinnati, OH 45274-2536**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Listed as precaution - On credit report -  
Collection inquiry**

4.4  
8**Sprint**

Nonpriority Creditor's Name

**P.O. Box 4191  
Carol Stream, IL 60197**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**5319****\$978.00**

When was the debt incurred?

**2014**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Other. Specify Collection - Phone service**

Debtor 1 Donyale Stanley

Case number (if known)

4.4  
9**The Illuminating Company**

Nonpriority Creditor's Name

**6896 Miller Road****Room 204****Attn: Bankruptcy Department  
Brecksville, OH 44141**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**8328****\$755.00**

When was the debt incurred?

**2016**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

- Other. Specify **Utilities at residence**

4.5  
0**The Illuminating Company**

Nonpriority Creditor's Name

**6896 Miller Road****Room 204****Attn: Bankruptcy Department  
Brecksville, OH 44141**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**6101****\$304.00**

When was the debt incurred?

**2019**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

- Other. Specify **Utilities at residence - Shut off notice**

4.5  
1**Transworld Systems, Inc.**

Nonpriority Creditor's Name

**Collection Agency****2135 East Primrose****Suite Q****Springfield, MO 65804**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**5947****\$14.00**

When was the debt incurred?

**2019**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

- Other. Specify **Collection - Medical services - UH Lab Services**

4.5  
2**UH Cleveland Medical Center**

Nonpriority Creditor's Name  
**P.O. Box 781988**  
**Detroit, MI 48278**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 7007\$40.00When was the debt incurred? 8/2019

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Medical services - Approximately:4.5  
3**UH Laboratory Services**

Nonpriority Creditor's Name  
**P.O. Box 772151**  
**Detroit, MI 48277**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 3612\$51.00When was the debt incurred? 32019

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Medical services - Approximately:4.5  
4**UH Medical Group**

Nonpriority Creditor's Name  
**P.O. Box 772042**  
**Detroit, MI 48277**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 4969\$13.00When was the debt incurred? 7/2018

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Medical services - Approximately:

Debtor 1 Donyale Stanley

Case number (if known)

4.5  
5**UH Medical Practice**

Nonpriority Creditor's Name

**P.O. Box 772038****Detroit, MI 48277**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**2957****\$25.00**

When was the debt incurred?

**7/2019**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical services - Approximately:**

4.5  
6**UH Medical Practice**

Nonpriority Creditor's Name

**P.O. Box 772038****Detroit, MI 48277**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**4772****\$42.00**

When was the debt incurred?

**8/2018**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical services - Approximately:**

4.5  
7**UH Richmond Medical Center**

Nonpriority Creditor's Name

**P.O. Box 781988****Detroit, MI 48278**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**8952****\$263.00**

When was the debt incurred?

**11/2018**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical services - Approximately:**

Debtor 1 Donyale Stanley

Case number (if known)

4.5  
8**University Hosp. Lab Srv**

Nonpriority Creditor's Name

**Dept 781834****Detroit, MI 48278**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**0209****\$6.00**

When was the debt incurred?

**2016**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical services - Approximately:**

4.5  
9**University Hospital Customer Serv**

Nonpriority Creditor's Name

**Attn: Billing Dept/Bankruptcy****20800 Harvard Road****Highland Hills, OH 44122**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**1956****\$250.00**

When was the debt incurred?

**6/2016**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical services - Approximately:**

4.6  
0**University Hospital Customer Serv**

Nonpriority Creditor's Name

**Attn: Billing Dept/Bankruptcy****20800 Harvard Road****Highland Hills, OH 44122**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**4090****\$250.00**

When was the debt incurred?

**2016**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical services - Approximately:**

Debtor 1 Donyale Stanley

Case number (if known)

4.6  
1**University Hospital Customer Serv**

Nonpriority Creditor's Name

**Attn: Billing Dept/Bankruptcy**  
**20800 Harvard Road**  
**Highland Hills, OH 44122**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

9936\$40.00

When was the debt incurred?

2019

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Medical services - Approximately:**4.6  
2**University Hospital Customer Serv**

Nonpriority Creditor's Name

**Attn: Billing Dept/Bankruptcy**  
**20800 Harvard Road**  
**Highland Hills, OH 44122**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

9123\$42.00

When was the debt incurred?

2019

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Medical services -Physician Services - Approximately:**4.6  
3**University Hospital Customer Serv**

Nonpriority Creditor's Name

**Attn: Billing Dept/Bankruptcy**  
**20800 Harvard Road**  
**Re: Physician Serv**  
**Highland Hills, OH 44122**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

2957\$25.00

When was the debt incurred?

2019

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Medical services - Approximately:**

Debtor 1 <u>Donyale Stanley</u>	Case number (if known)		
4.6 4	<b>University Hospital Customer Serv</b> Nonpriority Creditor's Name <b>Attn: Billing Dept/Bankruptcy</b> <b>20800 Harvard Road</b> <b>re: UH Cleveland Medical Center</b> <b>Highland Hills, OH 44122</b>	Last 4 digits of account number <b>8707</b>	\$40.00
	When was the debt incurred? <b>2019</b>		
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Medical services - Approximately:</b>		
4.6 5	<b>University Hospital Customer Serv</b> Nonpriority Creditor's Name <b>Attn: Billing Dept/Bankruptcy</b> <b>20800 Harvard Road</b> <b>re: Lab Serv.</b> <b>Highland Hills, OH 44122</b>	Last 4 digits of account number <b>multiple accounts</b>	\$51.00
	When was the debt incurred? <b>2019</b>		
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Medical services - Approximately:</b>		
4.6 6	<b>Us Dept of Ed</b> Nonpriority Creditor's Name <b>Great Lakes Educational Loan</b> <b>2401 International</b> <b>Madison, WI 53704</b>	Last 4 digits of account number <b>8581</b>	\$25,129.00
	When was the debt incurred? <b>Opened 02/09 Last Active 8/31/16</b>		
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Other. Specify <b>Educational</b>		

Debtor 1 Donyale Stanley

Case number (if known)

4.6  
7**US Dept of Education**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 16448****Saint Paul, MN 55116**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**5549****\$0.00****Opened 2/10/09 Last Active****12/07/12**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Educational**4.6  
8**USDOE/GLELSI**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 7860****Madison, WI 53707**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**8581****\$25,217.00****Opened 02/09 Last Active****9/30/16**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Educational**4.6  
9**USDOE/GLELSI**

Nonpriority Creditor's Name

**Attn: Bankruptcy****Po Box 7860****Madison, WI 53707**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

**8581****\$12,235.00****Opened 08/18 Last Active****2/28/19**

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Educational**

<p><b>Verizon</b> Nonpriority Creditor's Name <b>500 Technology Dr</b> <b>Suite 500</b> <b>Weldon Spring, MO 63304</b> Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0001</b></p> <p>When was the debt incurred? <b>Opened 05/14 Last Active 4/30/15</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Collection - Phone service</b></p>	<p><b>\$424.00</b></p>
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**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**AT&T U-verse**  
**P.O. Box 5014**  
**Attn: Bankruptcy**  
**Carol Stream, IL 60197-5014**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.36 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**Calvary Investments, LLC**  
**7 Skyline Drive**  
**Suite 3**  
**Hawthorne, NY 10532-2162**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**Central Credit Services, Inc.**  
**P.O. Box 1898**  
**Saint Charles, MO 63302**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**Chase Receivables**  
**1247 Broadway**  
**Sonoma, CA 95476**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.70 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**Checksmart**  
**4626 Northfield Road**  
**North Randall, OH 44128**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**Convergent Outsourcing**  
**800 SW 39th St.**  
**Renton, WA 98057**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.48 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**Credit Management**  
**4200 International Pkwy**  
**Carrollton, TX 75007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address <b>Dominion East Ohio Gas</b> <b>P.O. Box 26666</b> <b>Attn: System Credit 18th floor</b> <b>Richmond, VA 23261</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.22</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Enhanced Recover Co</b> <b>8014 Bayberry Road</b> <b>Jacksonville, FL 32256-7412</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.35</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Enhanced Recovery Corp.</b> <b>8014 Bayberry Road</b> <b>Jacksonville, FL 32256-7412</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.48</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Enhanced Recovery Corp.</b> <b>P.O. Box 57547</b> <b>Jacksonville, FL 32241</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.48</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>First Credit</b> <b>P.O. Box 630838</b> <b>Cincinnati, OH 45263</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.59</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>First Credit</b> <b>P.O. Box 630838</b> <b>Cincinnati, OH 45263</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.54</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>First Energy</b> <b>Revenue Assurance</b> <b>1310 Fairmont Avenue</b> <b>Fairmont, WV 26554</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.49</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>First Premier Bank</b> <b>Attn: Chargeback/Bankruptcy Dept</b> <b>P.O. Box 5524</b> <b>Sioux Falls, SD 57117-5524</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.31</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>First Premier Bank</b> <b>Attn: Bankruptcy</b> <b>Po Box 5524</b> <b>Sioux Falls, SD 57117</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.31</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Garfield Heights Municipal Court</b> <b>5555 Turney Road</b> <b>Case No: 16CVF02157</b> <b>Cleveland, OH 44125</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.26</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Garfield Heights Municipal Court</b> <b>5555 Turney Road</b> <b>Attn: Clerk of Courts</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Donyale Stanley

Case number (if known)

**CVF1001154**  
**Cleveland, OH 44125**

Last 4 digits of account number

Name and Address  
**Great Lakes Educational Loan Serv**  
**P.O. Box 78480**  
**Attn: Bankruptcy**  
**Milwaukee, WI 53278**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.66 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Great Lakes Educational Loan Serv**  
**P.O. Box 3059**  
**Milwaukee, WI 53201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.66 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**IC System**  
**P.O. Box 64378**  
**Saint Paul, MN 55164**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.48 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Levy & Associates, LLC**  
**4645 Executive Drive**  
**Columbus, OH 43220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Opportunity Financial**  
**130 E Randolph St,**  
**Suite 3400**  
**Chicago, IL 60610**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.41 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Progressive Insurance Support Ctr**  
**P.O. Box 588002**  
**Attn: Bankruptcy Department**  
**North Metro, GA 30029-8002**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Purchasing Power, LLC**  
**1349 W Peachtree St NW STE 1100**  
**Atlanta, GA 30309**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Scott W. Paris, Attorney**  
**75 Public Square 4th Floor**  
**Cleveland, OH 44113**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Speedy Cash**  
**P.O. Box 780408**  
**Attn: Bankruptcy**  
**Wichita, KS 67278**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Sprint Bankruptcy**  
**P.O. Box 7949**  
**Overland Park, KS 66207-0949**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Sprint Bankruptcy**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims

Debtor 1 <b>Donyale Stanley</b>	Case number (if known)
<b>P.O. Box 7949 Overland Park, KS 66207-0949</b>	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>T-Mobile Customer Relations P.O. Box 37380 Attn: Bankruptcy Department Albuquerque, NM 87176-7380</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.15</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>T-Mobile Customer Relations 12920 SE 38th Street Attn: Bankruptcy Department Bellevue, WA 98006</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.15</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Time Warner Cable 7 Severance Circle Attn: Bankruptcy Cleveland Heights, OH 44118-1514</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.25</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Time Warner Cable 5520 Whipple Avenue NW North Canton, OH 44720-7719</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.25</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Time Warner Cable/Spectrum 4145 South Falkenburg Rd Riverview, FL 33578-8652</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.25</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Transworld Systems 507 Prudential Road Cleveland, OH 44125</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.54</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>UH Bedford Medical Center P.O. Box 74629 Cleveland, OH 44190</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.30</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>UH Richmond Medical Center P.O. box 74132 Cleveland, OH 44192-4132</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.28</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>United Collection Bureau 5620 Southwyck Blvd Suite 206 Attn: Bankruptcy Department Toledo, OH 43614</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.59</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>University Hospital Ahuja Medical Center 1000 Auburn Highland Heights, OH 44122</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.29</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 <b>Donyale Stanley</b>	Case number (if known)
<b>University Hospital Ahuja Medical Center 1000 Auburn Highland Heights, OH 44122</b>	Line <b>4.59</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address <b>University Hospital Customer Serv Attn: Billing Dept/Bankruptcy 20800 Harvard Road Highland Hills, OH 44122</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.29</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address <b>University Hospital Customer Serv Attn: Billing Dept/Bankruptcy 20800 Harvard Road Highland Hills, OH 44122</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.59</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address <b>University Hospital Customer Serv Attn: Billing Dept/Bankruptcy 20800 Harvard Road Re: UES Ahuja Highland Hills, OH 44122</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.59</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address <b>University Hospital Customer Serv Attn: Billing Dept/Bankruptcy 20800 Harvard Road re: Hospital Practices Highland Hills, OH 44122</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.27</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address <b>University Hospital Customer Serv Attn: Billing Dept/Bankruptcy 20800 Harvard Road re: Lab Serv. Highland Hills, OH 44122</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.58</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address <b>University Hospital Customer Serv Attn: Billing Dept/Bankruptcy 20800 Harvard Road re: UH Richmond Hts Med Ctr Highland Hills, OH 44122</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.28</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address <b>Verizon Bankruptcy Administration Po Box 3397 Bloomington, IL 61702</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.70</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address <b>Verizon Bankruptcy P.O. Box 25505 Lehigh Valley, PA 18002-5505</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.70</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address <b>Verizon Bankruptcy Administration 500 Technology Drive Suite 550</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.70</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Donyale Stanley

Case number (if known) \_\_\_\_\_

**Weldon Spring, MO 63304**

Last 4 digits of account number

## Name and Address

**Victoria Insurance  
1 Nationwide Place  
01-170-201  
Columbus, OH 43215**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**WOW  
P.O. Box 5715  
Carol Stream, IL 60197-5715**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**WOW  
P.O. Box 4350  
Attn: Bankruptcy  
Carol Stream, IL 60197-4350**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Yale R. Levy, Attorney  
4645 Executive Drive  
Columbus, OH 43220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b. \$ <b>372.63</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ <b>372.63</b>
Total claims from Part 2	6f. Student loans	6f. \$ <b>62,581.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <b>44,505.00</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ <b>107,086.00</b>

Fill in this information to identify your case:

Debtor 1	<b>Donyale Stanley</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Takenya Hampton 5283 Hickory Drive Lyndhurst, OH 44124	3 bedroom home leased at 12219 Woodward Blvd, Garfield Hts, Ohio

Fill in this information to identify your case:

Debtor 1	<b>Donyale Stanley</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number Street

City

State

ZIP Code

3.2

Name

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number Street

City

State

ZIP Code

Fill in this information to identify your case:

Debtor 1	<b>Donyale Stanley</b>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<b>NORTHERN DISTRICT OF OHIO</b>
Case number (if known)	

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status*	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<b>Clinical Tech/Digestive Health</b>	
Employer's name	<b>University Hospital</b>	
Employer's address	<b>11100 Euclid Avenue Cleveland, OH 44106</b>	

How long employed there?

**2/2015**

\*See Attachment for Additional Employment Information

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <b>4,629.17</b>	\$ <b>N/A</b>
3. Estimate and list monthly overtime pay.	3. +\$ <b>0.00</b>	+\$ <b>N/A</b>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <b>4,629.17</b>	\$ <b>N/A</b>

Copy line 4 here .....	For Debtor 1	For Debtor 2 or non-filing spouse
<b>4.</b>	<b>\$ 4,629.17</b>	<b>\$ N/A</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>506.96</b>	\$ <b>N/A</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>232.96</b>	\$ <b>N/A</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>N/A</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>N/A</b>
5e. Insurance	5e. \$ <b>362.42</b>	\$ <b>N/A</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>N/A</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>N/A</b>
5h. Other deductions. Specify: <u>Vol. Life Insurance</u>	5h.+ \$ <b>3.21</b>	+ \$ <b>N/A</b>
403B Loan	\$ <b>93.41</b>	\$ <b>N/A</b>
Parking	\$ <b>62.40</b>	\$ <b>N/A</b>
Vision	\$ <b>17.55</b>	\$ <b>N/A</b>
Dental	\$ <b>22.88</b>	\$ <b>N/A</b>
FSAMED	\$ <b>62.51</b>	\$ <b>N/A</b>
FSADEP	\$ <b>12.50</b>	\$ <b>N/A</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	<b>6. \$ 1,376.80</b>	<b>\$ N/A</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>7. \$ 3,252.37</b>	<b>\$ N/A</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>N/A</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>N/A</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>4.50</b>	\$ <b>N/A</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>N/A</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>N/A</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>N/A</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>N/A</b>
8h. Other monthly income. Specify: <u>Trion Solutions net monthly</u>	8h.+ \$ <b>201.92</b>	+ \$ <b>N/A</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	<b>9. \$ 206.42</b>	<b>\$ N/A</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>10. \$ 3,458.79</b>	+ \$ <b>N/A</b> = <b>\$ 3,458.79</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <b>3,458.79</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

**Official Form B 6I  
Attachment for Additional Employment Information**

<b>Debtor</b>	
Occupation	<b>Caregiver</b>
Name of Employer	<b>Trion Solutions</b>
How long employed	<b>3 years</b>
Address of Employer	<b>P.O. Box 24357 Cleveland, OH 44124</b>

Fill in this information to identify your case:

Debtor 1	<b>Donyale Stanley</b>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<b>NORTHERN DISTRICT OF OHIO</b>
Case number (If known)	

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

Son

10

- No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

Son

20

Daughter

21

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

#### Your expenses

4. \$ **954.00**

##### If not included in line 4:

- 4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<b>0.00</b>
4b. \$	<b>0.00</b>
4c. \$	<b>0.00</b>
4d. \$	<b>0.00</b>
5. \$	<b>0.00</b>

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <u>226.51</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>94.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>743.00</u>	
8. <b>Childcare and children's education costs</b>	8. \$ <u>322.50</u>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>169.00</u>	
10. <b>Personal care products and services</b>	10. \$ <u>76.00</u>	
11. <b>Medical and dental expenses</b>	11. \$ <u>80.00</u>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>125.00</u>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>0.00</u>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>369.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. <b>Installment or lease payments:</b>	17a. \$ <u>299.10</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. <b>Other:</b> Specify: _____	21. +\$ <u>0.00</u>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <u>3,458.11</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>3,458.11</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>3,458.11</u>	
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>3,458.79</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>3,458.11</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>0.68</u>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes.	Explain here: <b>20 &amp; 21 year olds are full time students and do not contribute to the household income.</b>	

**Fill in this information to identify your case:**

Debtor 1	<b>Donyale Stanley</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Donyale Stanley

**Donyale Stanley**  
Signature of Debtor 1

Date October 20, 2019

X

Signature of Debtor 2

Date \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	<b>Donyale Stanley</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

1. What is your current marital status?

- Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No  
 Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>		
From January 1 of current year until the date you filed for bankruptcy:	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$27,778.76	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2018 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$48,732.00	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2017 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$50,357.00	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No  
 Yes. Fill in the details.

	<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>child support</b>	\$45.00		
<b>For last calendar year:</b> <b>(January 1 to December 31, 2018 )</b>	<b>child support</b>	\$54.00		
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2017 )</b>	<b>child support</b>	\$54.00		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
<b>Citizens Academy 10118 Hampden Ave Cleveland, OH 44108</b>	<b>Before and after school care @ \$322.50 per month</b>	<b>\$967.50</b>	<b>\$0.00</b>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Before &amp; After school child care.</u>
<b>Takenya Hampton 5283 Hickory Drive Lyndhurst, OH 44124</b>	<b>regular monthly payments @ \$954</b>	<b>\$2,862.00</b>	<b>Unknown</b>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Rent</u>
<b>Avid Acceptance 3165 East Millrock Drive Salt Lake City, UT 84121</b>	<b>\$299.10 monthly</b>	<b>\$897.30</b>	<b>\$0.00</b>	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
--	-------------------------------	-----------------------	-------

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
--	---	-------------------	------------------------

#### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
---	---	-----------------------------------	-------------------

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Kathleen Donnelly 526 Superior Avenue East Leader Building Suite 211 Cleveland, OH 44114	towards attorney fees \$500 towards court fees \$10	10/19/2019	\$500.00
Access Counseling 633 West 5th Street Suite 26001 Los Angeles, CA 90071	ccc	10/19/2019	\$8.95

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

#### Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Huntington Bank 5744 Transportation Blvd Cleveland, OH 44125	XXXX-	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	closed due to inactivity 1/2019	\$0.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

#### **Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

#### **Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

**Part 11: Give Details About Your Business or Connections to Any Business****27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

- No. None of the above applies. Go to Part 12.

- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
--	---	--

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

- No  
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Donyale Stanley  
**Donyale Stanley**  
 Signature of Debtor 1

**Signature of Debtor 2**

Date October 20, 2019 Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**Fill in this information to identify your case:**

Debtor 1

**Donyale Stanley**

First Name

Middle Name

Last Name

Debtor 2

(Spouse if, filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the:

**NORTHERN DISTRICT OF OHIO**

Case number

(if known)

Check if this is an amended filing

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name:  
**Avid Acceptance LLC**

Surrender the property.

No

Retain the property and redeem it.  
 Retain the property and enter into a *Reaffirmation Agreement*.

Yes

Description of property  
securing debt:  
**2016 Hyundai Sonata SE 65,000 miles  
fair condition: FMV: Kelley Blue Book Valuation**

Retain the property and [explain]:

**Continue to make monthly payments**

### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

#### Describe your unexpired personal property leases

#### Will the lease be assumed?

Lessor's name:

**Takenya Hampton**

No

Yes

Description of leased Property:  
**3 bedroom home leased at 12219 Woodward Blvd, Garfield Hts, Ohio**

Debtor 1 **Donyale Stanley**

Case number (*if known*) \_\_\_\_\_

**Part 3: Sign Below**

**Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.**

**X** /s/ Donyale Stanley  
**Donyale Stanley**  
Signature of Debtor 1

**X** \_\_\_\_\_  
Signature of Debtor 2

Date **October 20, 2019**

Date \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Donyale Stanley

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Ohio

Case number  
(if known) \_\_\_\_\_

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A - 1

### Chapter 7 Statement of Your Current Monthly Income

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

##### 1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
  - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
  - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.
5. Net income from operating a business, profession, or farm

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ <u>4,530.87</u>	\$ _____
\$ <u>0.00</u>	\$ _____
\$ <u>4.50</u>	\$ _____

6. Net income from rental and other real property

Debtor 1
\$ <u>0.00</u>
-\$ <u>0.00</u>
\$ <u>0.00</u> Copy here -> \$ <u>0.00</u> \$ _____

7. Interest, dividends, and royalties

Debtor 1
\$ <u>0.00</u>
-\$ <u>0.00</u>
\$ <u>0.00</u> Copy here -> \$ <u>0.00</u> \$ _____

**Column A  
Debtor 1****Column B  
Debtor 2 or  
non-filing spouse****8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ **0.00**  
 For your spouse ..... \$ \_\_\_\_\_

\$ **0.00**

\$ \_\_\_\_\_

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.\$ **0.00** \$ \_\_\_\_\_**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

..... \$ **0.00** \$ \_\_\_\_\_  
 ..... \$ **0.00** \$ \_\_\_\_\_  
 + \$ **0.00** \$ \_\_\_\_\_

Total amounts from separate pages, if any.

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ <b>4,535.37</b>	+ \$ _____	= \$ <b>4,535.37</b>
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Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11 ..... Copy line 11 here=>\$ **4,535.37**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ **54,424.44****13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

**OH**

Fill in the number of people in your household.

**4**

Fill in the median family income for your state and size of household.

13. \$ **89,454.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

- 14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
 Go to Part 3.
- 14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
 Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Donyale Stanley****Donyale Stanley**

Signature of Debtor 1

Date **October 20, 2019**

Debtor 1

**Donyle Stanley**

Case number (*if known*)

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

**Current Monthly Income Details for the Debtor****Debtor Income Details:**Income for the Period **04/01/2019 to 09/30/2019**.**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Trion Solutions**

Income by Month:

6 Months Ago:	<u>04/2019</u>	<u>\$281.76</u>
5 Months Ago:	<u>05/2019</u>	<u>\$234.25</u>
4 Months Ago:	<u>06/2019</u>	<u>\$339.65</u>
3 Months Ago:	<u>07/2019</u>	<u>\$230.00</u>
2 Months Ago:	<u>08/2019</u>	<u>\$109.25</u>
Last Month:	<u>09/2019</u>	<u>\$221.38</u>
	Average per month:	<u>\$236.05</u>

**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **University Hopsital**

Income by Month:

6 Months Ago:	<u>04/2019</u>	<u>\$3,949.74</u>
5 Months Ago:	<u>05/2019</u>	<u>\$5,729.84</u>
4 Months Ago:	<u>06/2019</u>	<u>\$3,678.62</u>
3 Months Ago:	<u>07/2019</u>	<u>\$4,165.38</u>
2 Months Ago:	<u>08/2019</u>	<u>\$4,586.15</u>
Last Month:	<u>09/2019</u>	<u>\$3,659.21</u>
	Average per month:	<u>\$4,294.82</u>

**Line 4 - Child support income (including foster care and disability)**Source of Income: **Child Support from Julian Whitake**

Income by Month:

6 Months Ago:	<u>04/2019</u>	<u>\$4.50</u>
5 Months Ago:	<u>05/2019</u>	<u>\$4.50</u>
4 Months Ago:	<u>06/2019</u>	<u>\$4.50</u>
3 Months Ago:	<u>07/2019</u>	<u>\$4.50</u>
2 Months Ago:	<u>08/2019</u>	<u>\$4.50</u>
Last Month:	<u>09/2019</u>	<u>\$4.50</u>
	Average per month:	<u>\$4.50</u>

Remarks:

**He is incarcerated for the rest of his life.**

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

## You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

## Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and  
certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;  
fraud or defalcation while acting in breach of fiduciary capacity;  
intentional injuries that you inflicted; and  
death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee
+        \$550	administrative fee
\$1,717      total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	administrative fee
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	administrative fee
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court**  
**Northern District of Ohio**

In re **Donyale Stanley**

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>800.00</b>
Prior to the filing of this statement I have received .....	\$ <b>500.00</b>
Balance Due .....	\$ <b>300.00</b>

2. \$ **10.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor       Other (specify):

4. The source of compensation to be paid to me is:

Debtor       Other (specify):

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions, redemption of assets or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 20, 2019

Date

/s/ Kathleen Donnelly

**Kathleen Donnelly 0042636**

*Signature of Attorney*

**Kathleen Donnelly, 0042636**

**Kathleen Donnelly**

**526 Superior Ave. E Leader Bldg. Suite 2**

**Cleveland, OH 44114**

**(216)241-9628 Fax: (216)472-8554**

**kdonnellyctnotices@hotmail.com**

*Name of law firm*

Date October 20, 2019

Signature /s/ Donyale Stanley

**Donyale Stanley**

Debtor

**United States Bankruptcy Court  
Northern District of Ohio**

In re Donyale Stanley

Debtor(s)

Case No.

Chapter

7

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: October 20, 2019

/s/ Donyale Stanley

**Donyale Stanley**

Signature of Debtor

Account Control Technology  
6918 Owensmouth Ave  
Canoga Park, CA 91303

AFNI  
404 Brock Drive  
Bloomington, IL 61702-3427

Ahuja Medical Center  
P.O. Box 781988  
Detroit, MI 48278

Anchor Dental  
5595 Transportation Blvd  
Cleveland, OH 44125

Anchor Dental  
555 Transportation Blvd  
Cleveland, OH 44125

Andre Michel DDS  
3609 Park East Drive, #407  
Beachwood, OH 44122

AT&T U-verse  
P.O. Box 5014  
Attn: Bankruptcy  
Carol Stream, IL 60197-5014

Avid Acceptance LLC  
3165 East Millrock Drive  
Salt Lake City, UT 84121

CAB East LLC  
dba Ford Motor Credit  
P.O. Baox 6508  
Mesa, AZ 85216

Caine & Weiner  
Attn: Bankruptcy  
5805 Sepulveda Blvd  
Sherman Oaks, CA 91411

Calvary Investments, LLC  
7 Skyline Drive  
Suite 3  
Hawthorne, NY 10532-2162

Calvary Portfolio Services  
500 Summit Lake Ste 400  
Valhalla, NY 10595

Cavalry Portfolio Services  
P.O. Box 1017  
Hawthorne, NY 10532

Central Credit Services, Inc.  
P.O. Box 1898  
Saint Charles, MO 63302

Chase Receivables  
1247 Broadway  
Sonoma, CA 95476

Checksmart  
7001 Post Road, Suite 200  
Dublin, OH 43016

Checksmart  
4626 Northfield Road  
North Randall, OH 44128

ChexSystems Consumer Relations  
7805 Hudson Road  
Suite 100  
Saint Paul, MN 55125

Comenity Bank/dots  
Attn: Bankruptcy  
Po Box 182125  
Columbus, OH 43218

Convergent Outsourcing, Inc  
Po Box 9004  
Renton, WA 98057

Convergent Outsourcing  
800 SW 39th Street  
Suite 100  
Renton, WA 98057

Convergent Outsourcing  
800 SW 39th St.  
Renton, WA 98057

Credit Acceptance  
25505 West 12 Mile Rd  
Suite 3000  
Southfield, MI 48034

Credit Collections Svc  
Po Box 773  
Needham, MA 02494

Credit Management  
4200 International Pkwy  
Carrollton, TX 75007

Credit Management, LP  
Attn: Bankruptcy  
Po Box 118288  
Carrolton, TX 75011

Direct TV  
P.O. Box 6414  
Carol Stream, IL 60197-6414

Diverse Funding  
3580 Harlem Rd, #6  
Buffalo, NY 14225

Diversified Adjustment Serv  
Dasi-Bankrupcty  
60 Coon Rapids Blvd  
Coon Rapids, MN 55433

Dominion East Ohio  
P.O. Box 26666  
Attn: Bankruptcy Group  
Richmond, VA 23261-6785

Dominion East Ohio Gas  
P.O. Box 26666  
Attn: System Credit 18th floor  
Richmond, VA 23261

Eagle Loan  
6817 Pearl Road  
Cleveland, OH 44130

Enhanced Recover Co  
8014 Bayberry Road  
Jacksonville, FL 32256-7412

Enhanced Recovery Corp.  
8014 Bayberry Road  
Jacksonville, FL 32256-7412

Enhanced Recovery Corp.  
P.O. Box 57547  
Jacksonville, FL 32241

EOS-CCA  
700 Longwater Dr.  
Norwell, MA 02061

Exeter Finance Corp  
Po Box 166008  
Irving, TX 75016

FFCC-Cleveland  
24700 Chagrin Blvd Suite 205  
Cleveland, OH 44122

First Credit  
P.O. Box 630838  
Cincinnati, OH 45263

First Credit Inc.  
P.O. 630838  
Cincinnati, OH 45263

First Energy  
Revenue Assurance  
1310 Fairmont Avenue  
Fairmont, WV 26554

First Federal Credit & Collections  
24700 Chagrin Blvd  
Suite 205  
Cleveland, OH 44122

First Premier Bank  
Attn: Chargeback/Bankruptcy Dept  
P.O. Box 5524  
Sioux Falls, SD 57117-5524

First Premier Bank  
Attn: Bankruptcy  
Po Box 5524  
Sioux Falls, SD 57117

Fst Premier  
601 S Minnesota Ave  
Sioux Falls, SD 57104

Garfield Heights Municipal Court  
5555 Turney Road  
Attn: Clerk of Courts  
CVF1602157  
Cleveland, OH 44125

Garfield Heights Municipal Court  
5555 Turney Road  
Case No: 16CVF02157  
Cleveland, OH 44125

Garfield Heights Municipal Court  
5555 Turney Road  
Attn: Clerk of Courts  
CVF1001154  
Cleveland, OH 44125

Great Lakes Educational Loan Serv  
P.O. Box 78480  
Attn: Bankruptcy  
Milwaukee, WI 53278

Great Lakes Educational Loan Serv  
P.O. Box 3059  
Milwaukee, WI 53201

Great Lakes Higher Education/Citi  
P.O. Box 7860  
Madison, WI 53707

Greater Cleveland Fire  
2300 Saint Clair  
Cleveland, OH 44114

IC System  
P.O. Box 64378  
Attn; Bankruptcy  
Saint Paul, MN 55164

IC System  
P.O. Box 64378  
Saint Paul, MN 55164

Internal Revenue Service  
CIO  
P.O.Box 7346  
Philadelphia, PA 19101-7346

Kent State University  
Pob 5190  
Kent, OH 44242

Levy & Associates, LLC  
4645 Executive Drive  
Columbus, OH 43220

Life of the South Insurance  
Admin Office  
100 West Bay Street  
Jacksonville, FL 32202

Mark Worford DDS  
3609 Park East Drive, 510N  
Beachwood, OH 44122

OneMain Financial  
1253 Som Center Road  
Cleveland, OH 44124

Opportunity Financial  
871 Coronado Center Drive  
Suite 200 Office 266  
Henderson, NV 89052

Opportunity Financial  
130 E Randolph St,  
Suite 3400  
Chicago, IL 60610

Progressive Insurance Support Ctr  
P.O. Box 588002  
Attn: Bankruptcy Department  
North Metro, GA 30029-8002

Progressive Leasing  
10619 South Jordan Gateway, #100  
South Jordan, UT 84095

Purchasing Power, LLC  
1349 W Peachtree St NW STE 1100  
Atlanta, GA 30309

Qar LLC  
55 Pineview Dri, #300  
Buffalo, NY 14228

RISE Credit  
Attn: Bankruptcy  
Po Box 101808  
Fort Worth, TX 76185

Scott W. Paris, Attorney  
75 Public Square 4th Floor  
Cleveland, OH 44113

Sentral Financial  
84 Villa Road  
Greenville, SC 29615

Speedy Cash  
3611 North Ridge Road  
Wichita, KS 67205

Speedy Cash  
P.O. Box 780408  
Attn: Bankruptcy  
Wichita, KS 67278

Springleaf  
P.O. Box 742536  
Cincinnati, OH 45274-2536

Sprint  
P.O. Box 4191  
Carol Stream, IL 60197

Sprint Bankruptcy  
P.O. Box 7949  
Overland Park, KS 66207-0949

T-Mobile Customer Relations  
P.O. Box 37380  
Attn: Bankruptcy Department  
Albuquerque, NM 87176-7380

T-Mobile Customer Relations  
12920 SE 38th Street  
Attn: Bankruptcy Department  
Bellevue, WA 98006

The Illuminating Company  
6896 Miller Road  
Room 204  
Attn: Bankruptcy Department  
Brecksville, OH 44141

Time Warner Cable  
7 Severance Circle  
Attn: Bankruptcy  
Cleveland Heights, OH 44118-1514

Time Warner Cable  
5520 Whipple Avenue NW  
North Canton, OH 44720-7719

Time Warner Cable/Spectrum  
4145 South Falkenburg Rd  
Riverview, FL 33578-8652

Transworld Systems  
507 Prudential Road  
Cleveland, OH 44125

Transworld Systems, Inc.  
Collection Agency  
2135 East Primrose  
Suite Q  
Springfield, MO 65804

UH Bedford Medical Center  
P.O. Box 74629  
Cleveland, OH 44190

UH Cleveland Medical Center  
P.O. Box 781988  
Detroit, MI 48278

UH Laboratory Services  
P.O. Box 772151  
Detroit, MI 48277

UH Medical Group  
P.O. Box 772042  
Detroit, MI 48277

UH Medical Practice  
P.O. Box 772038  
Detroit, MI 48277

UH Richmond Medical Center  
P.O. Box 781988  
Detroit, MI 48278

UH Richmond Medical Center  
P.O. box 74132  
Cleveland, OH 44192-4132

United Collection Bureau  
5620 Southwyck Blvd Suite 206  
Attn: Bankruptcy Department  
Toledo, OH 43614

University Hosp. Lab Srv  
Dept 781834  
Detroit, MI 48278

University Hospital  
Ahuja Medical Center  
1000 Auburn  
Highland Heights, OH 44122

University Hospital Customer Serv  
Attn: Billing Dept/Bankruptcy  
20800 Harvard Road  
Highland Hills, OH 44122

University Hospital Customer Serv  
Attn: Billing Dept/Bankruptcy  
20800 Harvard Road  
Re: Physician Serv  
Highland Hills, OH 44122

University Hospital Customer Serv  
Attn: Billing Dept/Bankruptcy  
20800 Harvard Road  
re: UH Cleveland Medical Center  
Highland Hills, OH 44122

University Hospital Customer Serv  
Attn: Billing Dept/Bankruptcy  
20800 Harvard Road  
re: Lab Serv.  
Highland Hills, OH 44122

University Hospital Customer Serv  
Attn: Billing Dept/Bankruptcy  
20800 Harvard Road  
Re: UES Ahuja  
Highland Hills, OH 44122

University Hospital Customer Serv  
Attn: Billing Dept/Bankruptcy  
20800 Harvard Road  
re: Hospital Practices  
Highland Hills, OH 44122

University Hospital Customer Serv  
Attn: Billing Dept/Bankruptcy  
20800 Harvard Road  
re: UH Richmond Hts Med Ctr  
Highland Hills, OH 44122

Us Dept of Ed  
Great Lakes Educational Loan  
2401 International  
Madison, WI 53704

US Dept of Education  
Attn: Bankruptcy  
Po Box 16448  
Saint Paul, MN 55116

USDOE/GLELSI  
Attn: Bankruptcy  
Po Box 7860  
Madison, WI 53707

Verizon  
500 Technology Dr  
Suite 500  
Weldon Spring, MO 63304

Verizon  
Bankruptcy Administration  
Po Box 3397  
Bloomington, IL 61702

Verizon Bankruptcy  
P.O. Box 25505  
Lehigh Valley, PA 18002-5505

Verizon Bankruptcy Administration  
500 Technology Drive  
Suite 550  
Weldon Spring, MO 63304

Victoria Insurance  
1 Nationwide Place  
01-170-201  
Columbus, OH 43215

WOW  
P.O. Box 5715  
Carol Stream, IL 60197-5715

WOW  
P.O. Box 4350  
Attn: Bankruptcy  
Carol Stream, IL 60197-4350

Yale R. Levy, Attorney  
4645 Executive Drive  
Columbus, OH 43220